

**EAST HILL CHRISTIAN SCHOOL**  
**2009-2010 Extended Care Registration**  
**K4-6<sup>th</sup> grade**

(If you plan to use the drop-in service from time to time, please complete the Extended Care form.)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Emergency Phone \_\_\_\_\_ Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Child's Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Name and grades of other children attending EHCS Extended Care.

NAME	GRADE
_____	_____
_____	_____

Medical Information:

List child's allergies: \_\_\_\_\_ Is your child on daily medication: ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

If needed you may give my child: \_\_\_ Tylenol; \_\_\_ Bactine; \_\_\_ Cough drops; \_\_\_ Neosporin

Child's Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Please circle days your child will attend Extended Care:

VPK	12:15-2:45 p.m.	Mon. Tues. Wed. Thurs. Fri.	Occasional drop-in
	12:15-5:30 p.m.	Mon. Tues. Wed. Thurs. Fri.	Occasional drop-in
K5-6 <sup>TH</sup>	2:45 - 5:30 p.m.	Mon. Tues. Wed. Thurs. Fri.	Occasional drop-in

I authorize the following additional persons to pick up my child/children:

Name/Relationship to child	Address	Phone

\*\*Children at the elementary school not picked up by 12:30 (K4) or 3:00 p.m. (K5-6<sup>th</sup>) will report to the Extended Care Group and will be charged the drop-in fee and payment must be received when child is picked up.

\*\*Extended care payments (unlike tuition) are based on nine 20-day school months, and monthly payments are made September through May.

\*\*Each child left past 5:30 will be charged \$5.00 for the first 15 minutes and \$1.00 per minute thereafter.